

Thurlestone Court Limited

Willow House

Inspection report

Hillside
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Willow House is a residential care home. It provides accommodation and personal care for up to 30 older people some of whom may be living with dementia or have a physical frailty. At the time of the inspection there were 25 people living at the home.

People's experience of using this service: People told us they were happy living at Willow House, they felt safe and well cared for. Staff were seen to be kind, caring and knew people and their relatives well.

Relatives and staff told us the home had improved since the last inspection, which they attributed to the new management team and spoke positively about the changes that had taken place. We found improvements had been made with regards to the safety, effectiveness and management of the home. However, time was needed to fully embed those changes and show sustained improvement.

The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. However, we noted the home had been slow to tell us (CQC) about specific events which they were legally required to do.

People received their prescribed medicines on time and in a safe way. However, where people had been prescribed medicines they only needed to take occasionally guidance provided to staff was not always clear. We have made a recommendation in relation to medicines.

People were supported to have maximum choice and control of their lives; however, we have recommended the registered manager reviews all documentation in relation to the recording of best interests decisions.

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm, protect people from discrimination and ensure people's rights were protected.

Risks had been appropriately assessed and staff had been provided with information on how to support people safely.

People, along with family members were encouraged to share their views about the care people received through regular reviews and meetings.

There were sufficient numbers of staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities.

Recruitment practices were safe and staff were well-trained.

The home was clean, well maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection: The home was previously rated as 'Required Improvement.' The report was published on the 29 August 2018.

Why we inspected: This inspection was scheduled based on the previous rating.

Follow up: We will continue to monitor the home through the information we receive until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The home was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The home was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The home was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The home was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The home was not always well-led

Details are in our Well-Led findings below.

Willow House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the home under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience involved in this inspection had experience of caring for older adults and people living with a dementia.

Service and service type:

Willow House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on the 11 and 12 March 2019.

What we did:

Before the inspection we reviewed the information we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with 16 people living at the home, five relatives, six members of staff, the registered manager and the nominated individual who is also the provider. We asked the local authority who commissions care services from the home for their views on the care and support provided.

To help us assess and understand how people's care needs were being met we reviewed five people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the previous inspection in January 2018, this key question was rated 'Requires Improvement'. We found improvements were needed in risk management, staff recruitment and the management of confidential information. At this inspection, we found the home had taken steps to improve the safety of people's care. The rating for this key question has improved to 'Good'.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- Some people had been prescribed medicines they only needed to take occasionally (PRN). Guidance had not always been provided to staff to help ensure those medicines were administered in a consistent way.

We recommend the provider undertakes a review of guidance provided in respect of PRN medicines.

- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. However, we found staff were not always carrying stock forward from the previous month. We discussed what we found with the registered manager who assured us this would be addressed.
- Staff had received training in the safe administration of medicines and were having competencies regularly assessed.

Systems and processes to safeguard people from the risk of abuse:

- People were protected against the risk of abuse.
- People told they felt safe living at Willow House. One person said, "I feel much safer here than I did at home." A relative said, "I was often concerned about mums' safety, but this is no longer the case."
- Policies in relation to safeguarding and whistleblowing were in place.
- Staff received training to enhance their understanding of how to protect people for any form of discrimination and were aware of their responsibilities to report concerns about people's safety.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition and ensured that staff had the information they needed to provide care for people in ways which minimised risks to them. Where necessary, staff sought specialist advice from healthcare professionals.
- The premises and equipment were well maintained and regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing, portable appliance testing and window restriction.

- Fire safety systems were serviced and audited regularly and staff received training in fire awareness.
- Individual personal emergency evacuation plans (PEEPs) indicated any risks as well as any support people needed to evacuate them safely. However, we found the home's fire evacuations procedure needed to be updated. Following the inspection, the registered manager confirmed this had been done.

Staffing and recruitment:

- People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to support people who might potentially be vulnerable by their circumstances.
- People received care and support from sufficient numbers of staff to meet their needs.
- People, relatives and staff felt there were enough staff on duty to support people and keep them safe. One person said, "There is always someone around when I need them." A relative said, "I used to be concerned about staffing, especially at weekends but not anymore."

Preventing and controlling infection:

- People were protected against the risk of infection.
- The home was clean throughout with no unpleasant odours.
- Systems were in place to prevent and control the spread and risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) such as aprons and gloves to reduce the risk of cross contamination and spread of infection.
- There were clear workflow systems to separate clean and dirty laundry which reduced the risk of contamination.

Learning lessons when things go wrong:

- Accidents were appropriately recorded and action taken to prevent similar occurrences.
- The provider and management team analysed accidents and incidents and shared learning across the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found people were supported and encouraged to make decisions for themselves, however records relating to decision made in a person's best interests were not clear. This meant we were unable to tell if decisions had been made in consultation with the right people, such as relatives. We discussed what we found with the registered manager who assured us that people were fully involved in this process.

We recommend the registered manager reviews all documentation and guidance relating to how staff record best interests decisions.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where restrictions had been placed on people's liberty to keep them safe. The registered manager worked with the local authority to seek lawful authorisation for this. This ensured that any conditions of the authorisation were being met

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
Healthcare support:

- Care needs assessments identified people's needs and provided staff with guidance about how best to meet those needs in line with best practice guidance and people's preferences.
- People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments. Referrals were made to the GP's, community nursing services when needed and people had opportunities to see a dentist, or optician regularly.
- Regular care reviews with people, their relatives and healthcare professionals, such as the community nurses, and care managers ensured changes to people's needs were identified quickly.

Eating, drinking, balanced diet:

- People were supported to maintain a balanced healthy diet. Meals were well presented and people told us they enjoyed the food. Comments included, "The food they provide me with is wonderful," "Very good" and "I'm a vegetarian and I can't complain about the food I'm served here. I know I might be a little fussy for them, but nothing's too much trouble for the chef."
- Staff knew people's food preferences and were knowledgeable about the extra support that some people might need. For example, where people needed their food prepared differently because of a medical need or problems with swallowing, we saw this was being provided.
- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks. Their intake was monitored and professional guidance sought if necessary.

Staff skills, knowledge and experience:

- People and relatives told us staff were knowledgeable and competent.
- Newly employed staff were provided with an induction to the home. This included orientation to the home and shadowing a more experienced staff member.
- Staff received regular training in subjects relevant to their role. Such as first aid, fire safety, moving and assisting and equality and diversity.
- Staff received regular support and supervision. Staff told us they felt supported in their role and could approach the registered manager or provider for advice, guidance and support.

Adapting service, design, decoration to meet people's needs:

- Willow House was spacious, homely and well maintained. Each person had their own bedroom which they had personalised with pictures and possessions that were important to them. Outside each person's room was a memory box. Memory boxes contained items that were important to the person's life such as what they had done for work, their hobbies and interests.
- People could choose to sit in one of the four distinct communal lounges areas. One is dedicated to television use, one for quiet reading, one for music and another for chatting, socialising and activities.
- The garden was easily accessible and designed to improve people's experience and provide a nice space for both people and their families to sit and chat or enjoy a cup of tea or coffee.
- Technology and equipment was used effectively to meet people's care and support needs. For example, some rooms were fitted with sensors mats to alert staff when people needed support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us they were happy living at Willow House. Comments included; "I'm looked after well here," "They all care for me very well, such lovely carers, we're so lucky" and "I visit here on a regular basis when I'm not too well, and I always look forward to it. Although I am pleased when it's time to go home, I miss it in a way, you see they care for me so well here."
- People were supported by staff who had a good understanding of their individual needs. Care plans contained information about people's past, cultural and religious beliefs as well as their wishes. Staff explained how they used this information to build positive relationships with people and their relatives.
- Throughout our inspection we saw people were happy and contented. People were freely able to do the things they wished to and people were treated with kindness and compassion.

Supporting people to express their views and be involved in making decisions about their care:

- People, along with family members were encouraged to share their views about the care people received through regular reviews and meetings.
- People felt their views were listened to and acted upon by the registered manager and staff.
- Resident and relative's meetings were held regularly. Minutes from these meetings showed people were supported to express their views and involved in the running of the home. One relative said, "The approach taken by the new manager to be open with relatives is refreshing. Members of my family live abroad and are trustees of my relative's affairs. After the resident/relative's meetings, the minutes are provided to the trustees for them to be able to check on what's happening."

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us staff treated them with dignity and respect.
- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they needed support with personal care. Bedroom doors were closed and staff were seen to knock and wait for an answer before entering.
- People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome. One relative said, "We value the fact that you can visit at any time of the day. There are no restrictions on visiting now, and it doesn't feel as though anyone has anything to hide."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the previous inspection in January 2018, this key question was rated 'Requires Improvement'. We found improvements were needed to ensure people received care which met their needs and reflected their preferences. At this inspection, we found improvements had been made. The rating for this key question has improved to 'Good'.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People receive individualised care and support from staff who knew them well. Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported.
- People's communication needs were identified and understood. Staff were guided to ensure people had their hearing aids and glasses to support their communication. The registered manager said they could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People, relatives and external professionals where appropriate, were involved in reviews and could express their views about the care and support provided.
- People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. We saw a range of activities were available including music therapy, animal therapy, arts and crafts, arm chair exercises, film afternoons, card games and quizzes. One person said, "I enjoy the activities, there is always something going on."
- People were supported to maintain and follow their faith as staff arranged visiting chaplains.

End of life care and support:

- People's care wishes at the end of their lives were recorded in their care plans where they had chosen to have this conversation.
- Staff understood people's needs, respected people's religious beliefs and preferences. Staff were supported through training and guidance from the local hospice about caring for people at the end of their lives.

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt able to raise concerns if something was not right.
- People told us they had not needed to complain, but were confident the registered manager would take appropriate action should they need to do so. One relative said, "Under the former manager I felt things should and could have been better, but there didn't seem to be an appetite to improve. That's not the case now."

- The provider's complaints procedure was freely available and the home kept a record of any complaints received. These showed people's complaints were taken seriously and the home acted upon these to resolve issues.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture:

At the previous inspection in January 2018, this key question was rated 'Requires Improvement'. We found improvements were needed as quality assurance systems had not been effective in addressing the quality and risk issues found by CQC during previous inspections. At this inspection, we found the provider had made a number of improvements. However, these changes needed time to fully embed and some improvements were still required. For example, improvements to the fire evacuation procedure, medicines recording, guidance in relation to PRN medicines and best interest decisions. The rating for this key question remains 'Requires Improvement'.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Since the inspection in January 2018 Willow House had recruited and appointed a new senior management team and worked with the local authority's Quality Assurance and Improvement Team (QAIT) to improve the quality of the care and support provided by the home.
- Improvements had been made with regards to the safety, effectiveness and management of the home. However, time was needed to fully embed those changes and show sustained improvement.
- A deputy manager and a team of care staff supported the registered manager. Each had recognised responsibilities and there were clear lines of accountability.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with the staff team at regular staff meetings.

Promotion of person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People had confidence in the registered manager and told us the home was well managed. One person said, "I would say it is very well managed."
- Relatives and staff told us the home had significantly improved since the last inspection, which they attributed to the new management team and spoke positively about the changes that had taken place. One relative said, "We're really happy with everything here now. I have really noticed how it's improved under the new manager. Now there's always enough staff and the atmosphere here is more relaxed. People don't seem to be in such a rush anymore, they have time for the residents."
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to

be honest and open about any accident or incident that had caused, or placed a person at risk of harm. However, we noted the home had been slow to tell us (CQC) about specific events which took place at the home which they were legally required to do. The registered manager assured us they would review their reporting procedures.

Engaging and involving people using the service, the public and staff: Working in partnership with others:

- The provider annually sought people's views by asking people, relatives, and external professionals to rate various aspects of the home. For example, management, staffing, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.
- The provider was working in partnership with other organisations to support care provision and service development. Following the previous inspection, the home continued to be supported by Devon County Council quality assurance and improvement team (QAIT).
- People were encouraged and supported to be involved in the local community and regularly accessed local churches, shops and café.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the home.